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Bib Data Sheet

CONFIRMATION NO. 2550

SERIAL NUMBER 09/474,677	FILING DATE 12/09/1999 RULE	CLASS	GROUP ART UNIT 1644	ATTORNEY DOCKET NO. 35284-03200(
APPLICANTS YASH SHARMA, VIENNA, VA;				
** CONTINUING DATA ***** THIS APPLICATION IS A CIP OF 09/015,830 01/29/1998 WHICH CLAIMS BENEFIT OF 60/114,540 12/29/1998				
** FOREIGN APPLICATIONS *****				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 02/07/2000				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged _____ Examiner's Signature Initials		STATE OR COUNTRY VA	SHEETS DRAWING 3	TOTAL CLAIMS 31 INDEPENDENT CLAIMS 5
ADDRESS W JACKSON MATNEY JR. MILBANK TWEED HADLEY & MCCLOY LLP INTERNATIONAL SQUARE BUILDING 1825 EYE STREET NW WASHINGTON ,DC 20006				
TITLE TREATMENT AND PREVENTION OF HIV AND OTHER VIRAL INFECTIONS				
FILING FEE RECEIVED 522	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	

SERIAL NUMBER 09/474,677	FILING DATE 12/09/99	CLASS 424	GROUP ART UNIT 1644	ATTORNEY DOCKET NO. 35284-03200(
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APPLICANT

YASH SHARMA, VIENNA, VA.

CONTINUING DOMESTIC DATA***

VERIFIED

CIP of 09/05,830 1/29/98
60/114,540 12/29/98

371 (NAT'L STAGE) DATA***

VERIFIED

FOREIGN APPLICATIONS***

VERIFIED

None

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 02/07/00 ** SMALL ENTITY **

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY VA	SHEETS DRAWING 3	TOTAL CLAIMS 31	INDEPENDENT CLAIMS 5
Verified and Acknowledged Examiner's Initials _____ Initials _____					

ADDRESS

W JACKSON MATNEY JR.
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1825 EYE STREET NW
WASHINGTON DC 20006

TITLE

TREATMENT AND PREVENTION OF HIV AND OTHER VIRAL

FILING FEE RECEIVED \$522	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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